

**APPLICATION DATA SHEET****Application Information**

Application Number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?:  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?:  
Computer Readable Form (CRF)?:  
Number of Copies of CRF::  
Title:: CHARITABLE GIVING  
Attorney Docket Number:: GCV-001  
Request for Early Publication?:  
Request for Non-Publication?:  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?: Yes  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jord  
Middle Name:: Williams  
Family Name:: Poster  
Name Suffix::

City of Residence:: Boston  
State or Province of Residence:: Massachusetts  
Country of Residence:: United States of America  
Street of Mailing Address:: 7 Marlborough Street  
City of Mailing Address:: Boston  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States of America  
Postal or Zip Code of Mailing Address:: 02109

Applicant Authority Type::  
Primary Citizenship Country::  
Status::  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of Mailing Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer Number:: 022832

**Representative Information**

Representative Customer Number:: 022832

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage	PCT/US2005/026006	07/22/2005

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
US	60/590,703	07/23/2004	Yes

**Assignee Information**

Assignee Name::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::